

Permit Number: \_\_\_\_\_ Date Received: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

### Construction Permit Application

To the City Council of the City of Vergas in the County of Otter Tail, State of Minnesota:  
Application is hereby made by the undersigned for a Construction Permit as provided by City Ordinance as adopted by the City of Vergas.

- GOPHER STATE ONE CALL MUST BE NOTIFIED 48 HOURS PRIOR TO ANY DIGGING. CALL 1-800-252-1166 AS REQUIRED BY MINNESOTA STATE LAW.
- THE CITY OF VERGAS WILL CHECK ALL SETBACKS ON ANY NEW CONSTRUCTION. IT IS THE APPLICANT'S RESPONSIBILITY TO HAVE ALL PROPERTY LINES LOCATED. ALL NEW CONSTRUCTION REQUIRES THE APPLICANT TO MARK THE PROPOSED BUILDING SITE AND PROPERTY LINES BEFORE THE BUILDING PERMIT WILL BE APPROVED.
- All Electrical work MUST have an electrical permit, which must be obtained separately from a MN State Contract Electrical Inspector (218)342-3345 or (218)849-6059.

Property Description: (NEW CONSTRUCTION ONLY)

Lot 2 Block 1 Addition KATEKE ACRES  
Property: Width 100' feet, Length 210' feet

Must supply City with a \$1,000 deposit for tar break up. City will reimburse \$1,000 when project complete and street is approved by Utilities Superintendent.

**PLEASE NOTE: WITH ANY NEWLY CONSTRUCTED HOME, THERE ARE FEES FOR START UP OF UTILITIES. WATER HOOK-UP ASSESSMENT IS \$750.00, SEWER IS \$750.00.**

Name of Applicant: MARK WEEKLEY - MW LANDSCAPING

Address of Construction Project: 114 PARK VIEW DRIVE

Mailing Address: 114 PARK VIEW DR Phone: (701) 212-0883

Name of Owner (If not the Applicant): JOHN ERICKSON

Address of Owner (If not the Applicant): 600 39<sup>TH</sup> AVE S MOONDA, MN  
56560

1. Permit to (CIRCLE ONE)

Build Install Addition Alter  
Move Demolish Repair Remodel

Description of work to be done:

INSTALL 100' OF RIP RAP TO PROTECT SHORELINE  
FROM EROSION

2. Proposed use of building: (CIRCLE ONE) Residential Commercial

3. VALUATION (not just your cost) of work being completed: \$ 6,500

Building Contractor:

Name: MARK WEEKLEY  
MW LANDSCAPING License Number: \_\_\_\_\_ Phone: 612-240-1437

Plumber: (must have MN License)

Name: \_\_\_\_\_ License Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Electrician:

Name: \_\_\_\_\_ License Number: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Attached a "Site Plan", showing the proposed location of any new building in reference to the property including existing buildings. If you have a copy of a professionally prepared site plan, attach a copy for review by the City's Site/Zoning Inspector. Blueprint or Design Drawings must be submitted for any new construction, addition, or remodel.
5. Certification: I hereby certify that I am the applicant herein and that the information given above and/or any exhibits submitted herewith is in all respects true and accurate to the best of my knowledge and belief, and further, if this permit is granted, said construction will comply with plans and specifications herewith submitted and applicable requirements of the City of Vegas.
6. I am the (CIRCLE ONE) OWNER LESSEE PURCHASER AGENT
7. APPLICANT'S SIGNATURE: M. Davis DATE: 4/5/2021

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FOR OFFICE USE ONLY

\$ \_\_\_\_\_ Water Hook-up \$ \_\_\_\_\_ Sewer Hook-up  
\$ 2500 Permit Fee \$ \_\_\_\_\_ Tar Break Up Deposit  
\$ 2500 Total Fees

Receipt # \_\_\_\_\_ Date Paid \_\_\_\_\_, 20\_\_

\_\_\_\_ Form given to client to display the permit to be visible from the street & to notify office of completion.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_  
(Permitting Authority)

Date Approved by Council: \_\_\_\_\_, 20\_\_

Permit expires in one year if project is not complete please reapply for permit.